FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753458

(9)

Mailing Address

CARROLLWOOD VILLAGE PHASE III HOMEOWNERS ASSOCIATION, INC.

4131 GUNN HIG TAMPA FL 3362			4131 GUNN HIGHWAY TAMPA FL 33624-4725								
						3	. Date incorporated 07/23/1980		3a. Date 02	of Last R /14/19	
Principal Place of Business 2a. Mailing			ng Address			4	. FEI Number			AF	plied For
21		26					59-2186993	3		No	t Applicable
Suite, Apt.	·	27					. Certificate of Statu	s Desired		\$8.75 / Fee Re	Additional equired
City & State		City & Star 28	te			6	 Election Campalgr Trust Fund Contrib 	•		\$5.00 Added t	
Zip	Country	Zip	-	Country	'	8	. This corporation ha	· -	—		. 199.032,
24	25 9. Name and Address of Curr	29	30	ᆚ			Florida Statutes		Yes		
	9. Name and Address of Cur	teur uedisteten Wat	II.	81	Nam		, Name and Addres	IS OT NEW HE	jistered Ag	ant	
AD	ADE DESERVE A15 A F D	101/1004			Nam	В					
GREENACRE PROPERTIES C/O D.F.RUSKIEWICZ				82	82 Street Address (P.O. Box Number is Not Acceptable)						
4131 GUNN HIGHWAY				83							
TAMPA F	-L 33624			63							
				84				***************************************	FL.		Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE			***************************************					······	i		
12.	Signature typed or printed name of registered	AND DIRECTORS	(NOTE: Re	egistered Age	ent signat	ure required whe		PEC TO OFFIC	DATE	IDECTOR	C IN 10
TITLE	SD		DELETE	1.1 TITLE			ADDITIONS/CHANG	ES TO OFFIC		Change	Addition
NAME	HARTNETT, CHRISTINE		OLLERE	1.2 NAME						1 Oligings	Addition
STREET ADDRESS	5304 RIDGEWELL CT				4 5555						
CITY-SI-ZIP	TAMPA FL			1.3 STREET		•					
TITLE	TD		DELETE	1.4 CITY-S 2.1 TITLE	11-XIP					Change	Addition
NAME	HIGGINS, JAMES		012072	2.2 NAME					lea-	1 Chango	L_ roution
STREET ADDRESS	5004 CHATTAM LN			2.3 STREET	ANODEO						
CITY-ST-ZIP	TAMPA, FL 00000			2.4 CITY-5		•					
TITLE	VD VD		DELETE	3.1 TITLE	31-711			····		Change	Addition
NAME	SILAH, ROBERT			3.2 NAME					_	,	
STREET ADDRESS	5022 BARROWE DR.			3.3 STREET	ANORES						
CHTY-ST-ZIP	TAMPA, FL 00000			3.4. CITY-S		"				•	
TITLE	D		DELETE	4.1 TITLE	31-21					Change	Addition
NAME	MARTINEZ, JOSE			4. 2 NAME					_		
STREET ADDRESS	5037 CYPRESS TRACE DR			4.3 STREET	ADORES	s					
CITY - ST - 7/P	TAMPA FL			4.4 CITY-S		~]					
TITLE	D		DELETE	5.1 TITLE						Change	Addition
NAME	BOULIGNY, PATRICIA			5.2 NAME					_		_
STREET ADDRESS	13604 LYTTON WAY			5.3 STREET	ADDRES	s					
CITY - ST - ZIP	TAMPA FL			5.4 CITY-S		1		·			
TITLE	PCD		DELETE	6.1 TITLE		1		,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	Change	Addition
NAME	JACOBS, GERALD			62 NAME		1					_
STREE1 ADDRESS	14114 VILLAGE VIEW DR.			6.3 STREET	ADDRES	s					
CITY - ST - ZIP	TAMPA FL			6.4 CITY-S							
14. I do hereb	by certify that the information supp	lied with this filing doc	es not qualify for	or the exe	mption	stated in S	ection 119.07(3)(i), F	lorida Statutes	. I further co	ertify that	the
i am an of	in indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed	or the receiver or true	stee empowere	ed to exec	urate an cute this	nd that my s s report as r	ignature shall have t equired by Chapter	he same legal 617, Florida S	effect as if latutes; and	made un that my r	der oath; that name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048663

FILED

Feb 10 1997 8:00am

Secretary of State